



**George Hare Endodontic Study Club
Registration Form 2019-2020**

Doctor _____

E-Mail (required) _____

Address _____

City _____ Postal Code _____

Tel number _____ Fax Number _____

RCDSO # _____

Meal Preference (please circle):

Chicken Fish Vegetarian Kosher

- I wish to attend the entire 2018-2019 program (three Tuesday evening meetings and the full day course), \$585
- I wish to attend only the full day course, \$350
- I wish to attend only the three evening meetings, \$475

Discounted Rates for recent graduates, 2017/2018/2019 (please provide a scan/copy of your diploma)

- I am a recent grad and I wish to attend the entire 2019-2020 program, \$400
- I am a recent grad and I wish to attend only the full day course, \$250
- I am a recent grad and I wish to attend only the three evening meetings, \$300

Online Registration with Credit Card / Paypal payment available at www.georgehare.com

-or-

Please enclose cheque payable to:

George Hare Endodontic Study Club
c/o Dr. Geoffrey Sas
Suite D - 2002 Bathurst Street
Toronto, ON
M5P 3L1

info@georgehare.com